	(Amended February 20, 1952)							Page 1 of 1			
U. S. (Department, bureau, or establishment)							PAID BY				
			(Give place and date)			-					
THE UNITED S			(Cive place and date) e's Account No								
Го		Ramo-	Wooldridge Corporat	ion		-					
	bbA)		Angeles 45, Califo	ornia (State)							
N I D 6	Date of Dellvery	A)	ARTICLES OR SERVICES (Enter description, item number of contract or Feder		O S I A NUMBER V	UNIT	PRICE	AMOUNT			
No. and Date of Order	or Service	schedule, and Discount Terms	other information deemed necess Invoice 1	ary)	QUANTITY	Cost	Per	Dollars	Cte		
			2176					13,061	77		
			2177					320	22		
			2178					4,673	4		
			2179					12,962			
			2180 2181					29,187	16		
AYMENT:			5185		1			87	37		
Complete			2183					2,010	26		
Partial											
Final		I lea co	ontinuation sheet(s) if necessary		1	V			1		
nipped from	t			ent B/L No.			Total	99,372	73		
	hove hill is correct	and just and that paym	nent has not been received.	(Pay	(Payee must NOT use this space)						
corony and one a				Differen	ices						
		(Sign orlginal only)	•								
)	* Payee							de.			
/ace	rayee	als certificate not required when a like	e cortificate is made by payes on sttached bill or bil	Allio	unt verified;			99,372	7		
Per		Title		(Sign	ature or init						
Contract No.	A-101	Date	Req. No.	Ι	Date		Invoice Rec'	d			
ursuant to author	ity vested in me,	certify that this account	t is correct and proper for p								
Approved for \$											
			SIGN								
			ORIGINAL QONLY		(Cont	tracti	ng Off	icer)			
3			Date		(00-		9				
			Date				or INT PARIS	STA	TC		
	ving Offic	er)	WHEN PURCHASES ARE MADE OR SERVICE	S SECURED WITH	OUT WRITTEN	AGREEMENT	IN ANT PORM				
	Ving Offic THE REVERSE OF TH	er) IIS FORM MUST BE EXECUTED	WHEN PURCHASES ARE MADE OR SERVICE	S SECURED WITH	OUT WRITTEN I	AGREEMENT	IN ANT PORM				
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